

1PW
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/695,096

Confirmation No. 4723

Applicant : Robert Matthew Bares et al.

Filed : 28 October 2003

Art Unit : 3671

Examiner: : Meredith C. Petravick

Docket (atty ref.) No. : 16659-US

Title : COTTON FEEDING ROLLER STRUCTURE

Moline, IL 61265

19 November 2004

Mail Stop Amendment

Commissioner for Patents

P. O. Box 1450

Alexandria VA 22313-1450

Amendment

Sir:

Responsive to the Office Action dated October 1, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 7 of this paper.

12/03/2004 DJONES1 00000001 040525 10695096

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

16659-US

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|---|---------------|--------------|
| TOTAL CLAIMS | 20 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = | * 0 |
| INDEPENDENT CLAIMS | 2 minus 3 = | * 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 20 | Minus | ** 20 | = - |
| Independent | * 4 | Minus | *** 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

1, 12, 13, 18

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

| | (Column 1) | | (Column 2) | (Column 3) |
|---|----------------------------------|-------|------------------------------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus | ** | = |
| Independent | * | Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 385.00 |
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL | |

OR

| RATE | FEE |
|-----------|--------|
| BASIC FEE | 770.00 |
| X\$18= | 0 |
| X86= | 0 |
| +290= | 0 |
| TOTAL | 770 |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | 0 |
| X86= | 88.00 |
| +290= | |
| TOTAL ADDIT. FEE | 88.00 |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$ 9= | |
| X43= | |
| +145= | |
| TOTAL ADDIT. FEE | |

OR

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X\$18= | |
| X86= | |
| +290= | |
| TOTAL ADDIT. FEE | |